

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Handwritten initials]</i>	<i>[Handwritten initials]</i>	<i>07-16-01</i>
O.I.P.E. CLASSIFIER	<i>[Handwritten initials]</i>	<i>12</i>	<i>7/17</i>
FORMALITY REVIEW	<i>J.M.</i>	<i>50884</i>	<i>8/27/01</i>
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ..... Canceled      A ..... Appeal  
 ∴ ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	11/03
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
9	✓
10	✓
11	✓
12	✓
13	✓
14	N
15	N
16	N
17	N
18	N
19	N
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21	N
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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